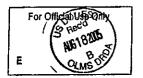
U S Department of Labor Cafice of Labor Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9723	2 Fiscal Year Covered From			
	////2004 Through 12/31/2004			
3 Name and address of person filing	4 Name file number and address of labor organization			
Name David C Hall	Name Sheet Metal Workers, Local 7			
	Labor Organization File Number 516-967			
P O Box Bldg Room No If any	P O Box Building and Room Number if any			
Street (801 5. Holmes 54	Street 801 South Holmes 37			
city Lansing	City Lansing			
State Michigan ZIP Code +4 48912	State Michigan ZIP Code + 4 48912			
5 Position in labor organization Business agent				
A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent				
	on represents or is actively seeking to represent			
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income			
Name				
Trade Name if any				
promote comments on the second control of the				
	7 b Amount			
Street				
City City				
State ZIP Code + 4				
L ; Signa	ture			
15 Signature and verification The undersigned declares under penalty of P submitted in this report (including the Information contained in any accompany undersigned's knowledge and belief true correct and complete (See the sec	ng documents) has been examined by the signatory and is to the best of the			
Signed Manual C. ( Fall	On 8-12-05 (B11) 374-7337  Date Telephone Number			

Name of Person Filing David C Hall	File Number U	
B Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from selling or leasing to or oth of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business clively seeking to represent or indirectly to or otherwise	
8 Name and address of Business (including trade name if any)  Name SMW Local 7-4 Health dubling Fall  Trade Name if any  PO Box Bidg Room No If any Suite 700  Street 2075 W. Big Beaver Rd  City Troy  State Michigan ZIP Code + 4 48084-344	a Labor Organization  b Trust  c Employer	
10 If 9 b or 9 c is checked give trust or employer's name  Name  Trade Name If any  PO Box Bldg Room No if any Suite 700	Trustee of The	Plan
Street 2075 West Big Beaver Rd  City Troy  State Michigan   ZIP Code + 4 48084 344	11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received	<u> </u>
	12 b Amount	
C Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value	
13 a Name and address of Employer or Labor Relation Consultant (including trade name if any)	14 a Nature of payment	
Name		
Trade Name if any		
P O Box Bldg Room No if any Street City		
State ZIP Code + 4		
13 b is the Business an Employer or Consultant ?	14 b Amount of payment	

Name of Person Filing David C Hall		File Number U	
B Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is as (2) any part of which consists of buying from or selling or leasing directly or it dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business clively seeking to represent or ndirectly to or otherwise		
8 Name and address of Business (including trade name if any)  Name S.MW LOCAL 533 PENSION FAND  Trade Name if any  PO Box Bldg Room No if any Suite 700  Street 2075 W Big Beaver Ed.  City Troy  State Michigan ZIP Code + 4 48084 344	a Labor Organizatio b Trust c Employer	n	
10 If 9 b or 9 c is checked give trust or employers name	11 a Nature of such dealing		
Name  Trade Name if any  PO Box Bldg Room No if any Suite 790	Trustee o	f Plan	
Street 2075 W. Big Beaver Rd.	11 b Approximate dollar value o	f such dealing	80
City Troy	12 a Nature of interest held or income received		
State Michigan ZIP Code + 4 48084-34			
	12 b Amount	1	
	12 b Arrount	L	
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment		
Name			
Trade Name if any			
PO Box Bldg Room No if any			
Street			
City			
State ZIP Code + 4			

## **DISCLAIMER**

The transactions, dealings and interest that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to may attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended LM-30 Report

James C

Date

Signature